

<i>SERFF Tracking Number:</i>	<i>BNLI-125799513</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brokers National Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40144</i>
<i>Company Tracking Number:</i>	<i>BNL-2008-02B</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>		

## Filing at a Glance

Company: Brokers National Life Assurance Company

Product Name: Group Term Life	SERFF Tr Num: BNLI-125799513	State: ArkansasLH
TOI: L04G Group Life - Term	SERFF Status: Closed	State Tr Num: 40144
Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: BNL-2008-02B	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Amy Irby, Mandi Rodriguez, Holly Harrison	Disposition Date: 09/10/2008
	Date Submitted: 09/03/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: Group Term Life Policy/Certificate p13 Revision	Status of Filing in Domicile: Pending
Project Number: BNL-2008-02B	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Our Domicile state is Arkansas, this is the reason listed as Pending.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 09/10/2008	
State Status Changed: 09/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The following referenced form is being submitted for your review and approval:	

Revised Group Term Life Policy Page 13	Form # GLP(2000) (Revised 9-08)
Revised Group Term Life Certificate Page 13	Form # GLC(2000) (Revised 9-08)

<i>SERFF Tracking Number:</i>	<i>BNLI-125799513</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brokers National Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40144</i>
<i>Company Tracking Number:</i>	<i>BNL-2008-02B</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>		

We have previously received approval for our Group Term Life Policy, form # GLP(2000) and Certificate, form # GLC(2000). However, we are now revising page 13 of the policy because we have removed the Interpretation of This Policy provision and also revising page 13 of the certificate because we have removed the Interpretation of This Certificate provision. There are no other changes to the policy or certificate.

If you have any queations, please contact me at 800-798-1125, extension 1457, or email me at holly@bnlac.com.

Sincerely,

Holly Harrsion  
Compliance Department

## Company and Contact

### Filing Contact Information

Holly Harrison,	holly@bnlac.com
7010 Hwy 71 West, Suite 100	(512) 383-0220 [Phone]
Austin, TX 78735	(512) 383-8502[FAX]

### Filing Company Information

Brokers National Life Assurance Company	CoCode: 74900	State of Domicile: Arkansas
7010 Hwy 71 West	Group Code:	Company Type:
Suite 100		
Austin, TX 78735	Group Name:	State ID Number:
(800) 798-1125 ext. [Phone]	FEIN Number: 63-0483783	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50 per filing

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<i>Company Tracking Number:</i>	<i>BNL-2008-02B</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>		
<b>Per Company:</b>	<b>No</b>		

*SERFF Tracking Number:*      *BNLI-125799513*      *State:*      *Arkansas*  
*Filing Company:*      *Brokers National Life Assurance Company*      *State Tracking Number:*      *40144*  
*Company Tracking Number:*      *BNL-2008-02B*  
*TOI:*      *L04G Group Life - Term*      *Sub-TOI:*      *L04G.103 Renewable - Single Life -*  
*Fixed/Indeterminate Premium*  
  
*Product Name:*      *Group Term Life*  
*Project Name/Number:*      *Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Brokers National Life Assurance Company	\$50.00	09/03/2008	22258512

<i>SERFF Tracking Number:</i>	<i>BNLI-125799513</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brokers National Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40144</i>
<i>Company Tracking Number:</i>	<i>BNL-2008-02B</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	09/10/2008	09/10/2008

<i>SERFF Tracking Number:</i>	<i>BNLI-125799513</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brokers National Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40144</i>
<i>Company Tracking Number:</i>	<i>BNL-2008-02B</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>		

## Disposition

Disposition Date: 09/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BNLI-125799513</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brokers National Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40144</i>
<i>Company Tracking Number:</i>	<i>BNL-2008-02B</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>

<i>Product Name:</i>	<i>Group Term Life</i>
<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Form</b>	Group Term Life Policy Page 13 - Revised		Yes
<b>Form</b>	Group Term Life Certificate Page 13 - Revised		Yes

SERFF Tracking Number: BNLI-125799513 State: Arkansas

Filing Company: Brokers National Life Assurance Company State Tracking Number: 40144

Company Tracking Number: BNL-2008-02B

TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Group Term Life

Project Name/Number: Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B

## Form Schedule

**Lead Form Number:** GLP(2000) (Revised 9-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GLP(2000) (Revised 9/08)	Policy/Cont	Group Term Life Policy Page 13 - Revised Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: Previous Filing #: GLP(2000) (Revised 2/08) Page 13		Revised Policy page 13 9-08 AR.pdf
	GLC(2000) (Revised 9/08)	Certificate	Group Term Life Certificate Page 13 - Revised Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: Previous Filing #: GLC(2000)		Revised Cert page 13 9-08 AR.pdf



## SECTION 5 - GENERAL PROVISIONS (Cont.)

**Misstatement of Age.** If a Covered Person's age has been misstated, We will pay the amount of insurance the premium would have purchased at the true age. If We would not have issued the insurance coverage at the Covered Person's true age, We are liable only to a refund of all premiums paid.

**Suicide Within Two Years.** If a Covered Person dies as a result of suicide or an intentionally self-inflicted injury, while sane or insane, within two (2) years of the effective date of his insurance coverage, any amount payable under this Policy will be limited to a return of premiums paid for the Covered Person's insurance coverage. (This does not apply in Missouri.)

**Assignment.** The coverage under this Policy may not be assigned by You without Our written consent.

**Records.** You will keep records of the Covered Employees under this Policy. Such records will include the following: (a) Covered Employees by name, age and amount of coverage; (b) effective date of coverage and date coverage ends; (c) change of status; (d) name of beneficiary; and (e) other related data. Such data will be given to Us as needed or requested on Our forms. We have the right to inspect Your records at any reasonable time. Clerical errors will not deprive a person of coverage. But such errors will not continue coverage after the termination date described under Termination.

**Certificate.** We have issued to You for delivery to each Covered Employee, certificates describing the coverage under this Policy. The certificate will include information about any conversion privilege and the beneficiary. The certificate will not change any provision under this Policy.

**Discontinuance of this Policy.** We may discontinue this Policy or any coverage afforded hereunder at any time if on any date, the following minimum participation requirements are not maintained:

- (a) Employer groups of 3-5 employees, the minimum participation requirement is 100%.
- (b) Employer groups of 6-9 employees, the minimum participation requirement is all employees less one.
- (c) Employer groups of 10 or more employees, the minimum participation requirement is the greater of 10 employees or 25%.

We will send written notice of such discontinuance to You at least sixty (60) days before it is effective.

We may discontinue this Policy or any coverage afforded hereunder for any class of covered employees on a premium due date after it has been in force for one (1) year. We will send written notice of discontinuance to You at least sixty (60) days before it is effective.

You may discontinue this Policy on a premium due date by giving written notice to Us before that date. If You fail to pay the premiums within the Grace Period, it will be deemed notice by You to Us to discontinue this Policy at the end of the Grace Period.

Discontinuance of the Policy will not affect any claim made before the date discontinued.

## SECTION 6 - PREMIUM

We have established the premiums that apply to coverage provided under this Policy. Those premiums are shown in a notice given to You with or prior to delivery of this Policy.

We may, upon notice to You, set new premium rates to become effective on an anniversary date of this Policy. We will give You at least sixty (60) days advanced notice of such premium increase.

We may set new premium rates to become effective on the date the terms of this Policy are changed. Any such change in Policy terms will be made in accordance with the General Provisions regarding "Entire Contract; Changes".

## **SECTION 5 - GENERAL PROVISIONS (Cont.)**

**Misstatement of Age.** If a Covered Person's age has been misstated, We will pay the amount of insurance the premium would have purchased at the true age. If We would not have issued the insurance coverage at the Covered Person's true age, We are liable only to a refund of all premiums paid.

**Suicide Within Two Years.** If a Covered Person dies as a result of suicide or an intentionally self-inflicted injury, while sane or insane, within two (2) years of the effective date of his insurance coverage, any amount payable under this Certificate will be limited to a return of premiums paid for the Covered Person's insurance coverage.

**Assignment.** The coverage under this Certificate may not be assigned by the Policyholder without Our written consent.

## **SECTION 6 - PREMIUM**

We have established the premiums that apply to coverage provided under this Certificate. Those premiums are shown in a notice given to the Policyholder with or prior to delivery of the master Policy.

We may, upon notice to the Policyholder, set new premium rates to become effective on an anniversary date of the master Policy.

We may set new premium rates to become effective on the date the terms of the master Policy are changed. Any such change in Policy terms will be made in accordance with the General Provisions regarding "Entire Contract; Changes".

### **Payment of Premiums**

The premium is payable by You and the Policyholder. The premium should be sent by the Policyholder to:

The Administrative Office of Brokers National Life Assurance Company.

If any premium is not paid before the grace period ends, the insurance provided by this Certificate will terminate as of the last day of the month for which premiums were paid.

### **Grace Period**

A grace period of thirty-one (31) days will be allowed for the payment of premium after a premium due date other than the first. No interest will be charged. During this period the Certificate will continue in force. However, if the premium is not paid on or before the end of the Grace Period, coverage for each Covered Person will be cancelled on the date to which premiums were paid. If the Policyholder provides written notice to Us to terminate the master Policy on an earlier date, then coverage provided by this Certificate will end on such earlier date.

### **Renewal Provision**

We may change the premium for this insurance on the first or any subsequent renewal anniversary date. We will notify the Policyholder of any change in premiums at least sixty (60) days before the effective date of any premium change.

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<i>Project Name/Number:</i>	<i>Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BNLI-125799513 State: Arkansas  
Filing Company: Brokers National Life Assurance Company State Tracking Number: 40144  
Company Tracking Number: BNL-2008-02B  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Group Term Life  
Project Name/Number: Group Term Life Policy/Certificate p13 Revision/BNL-2008-02B

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 09/02/2008

#### Comments:

#### Attachment:

AR Certification of Revising Policy Forms.pdf

### Review Status:

**Satisfied -Name:** Application 09/02/2008

#### Comments:

Applications used with the previously approved Group Term Life Policy GLP(2000) and Group Term Life Certificate GLC(2000) are:

GLEA(2004) Enrollment Application for Group Term Life Approved 11/23/04

GLMA(2004) Master Application for Group Term Life Insurance Approved 11/23/04

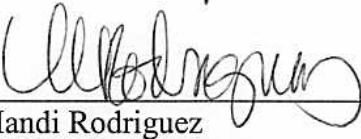
#### Attachments:

AR Approval Letter 0800.pdf

AR Approval Letter 1104.pdf

### **Certification of Revising Policy Forms**

This is to certify that all new or revised filings meet the provisions of Regulation 19, as well as, all applicable requirements of the Department of Insurance for the state of Arkansas.

  
Mandi Rodriguez  
Compliance Assistant

9/3/08  
Date



# BROKERS NATIONAL

L I F E   A S S U R A N C E   C O M P A N Y

July 14, 2000

Arkansas Insurance Department  
Life Section  
Group Life Filing

**APPROVED**

AUG 2 2000

INSURANCE COMMISSIONER  
STATE OF ARKANSAS

**RECEIVED**

JUL 21 2000

**LIFE AND HEALTH**  
ARKANSAS INSURANCE DEPARTMENT

RE:    Company:    Brokers National Life Assurance Company  
      NAIC #:        74900  
      FEIN #:        63-0483783  
      Filing #:      BNL-GL2000-05

The following referenced new forms are being submitted for your approval.

- Group Life Policy, form # GLP(2000),
- Group Life Certificate, form # GLC(2000),
- Group Life Master Application, form # GLMA(2000),
- Group Life Enrollment Application, form # GLEA(2000),
- Group Life Change Form, form # GL-CHG(2000).

We have also enclosed Actuarial Memorandums and Rates.

A self-addressed stamped envelope is enclosed for your convenience.

If you should have any questions, please contact me at (800) 798-1125, ext. 1401, or email me at [melinda@bnlac.com](mailto:melinda@bnlac.com).

Sincerely,

*Melinda Price*

Melinda Price  
State Filing Assistant

Enclosures



# BROKERS NATIONAL

L I F E   A S S U R A N C E   C O M P A N Y

November 18, 2004

**RECEIVED**

NOV 22 2004

Arkansas Insurance Department  
Health Section  
1200 W. Third Street  
Little Rock, AR 72201-1904

LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

**APPROVED**

NOV 23 2004

Re:    Company:    Brokers National Life Assurance Company  
                  Group Life  
                  NAIC #:        74900  
                  FEIN #:        63-0483783  
                  Our Filing #:    BNL-GL-2004-06

LIFE AND HEALTH  
ARKANSAS INSURANCE DEPARTMENT

The following referenced forms are being submitted for your review and approval.

- |   |                                  |
|---|----------------------------------|
| • Master Application for Group Life Insurance     | Form # GLMA(2004)                |
| • Conditional Receipt                             | Form # CR-GLMA(2004)             |
| • Enrollment Application for Group Life Insurance | Form # GLEA(2004)                |
| • Revised Group Term Life Policy Page 13          | Form # GLP(2000) (Revised 11/04) |

Once approved, this form will be used in conjunction with the previously approved policy form number GLP(2000).

In the above mentioned revised Group Term Life Policy page 13, there are only changes to the Discontinuance of this Policy provision. We are clarifying the minimum participation requirements for the number of employees per group. There are no other changes to the policy.

A self-addressed envelope is enclosed for your convenience.

If you have any questions, please contact me at 800-798-1125, extension 1401, or email me at [mandi@bnlac.com](mailto:mandi@bnlac.com).

Sincerely,

Mandi Peoples  
Compliance Assistant

Enclosures